

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25		1				
26		2				
27		1				
28		1				
29		1				
30		2				
31		2				
32		1				
33		1				
34		1				
35		2				
36		2				
37		2				
38		2				
39		2				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		4				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	42					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		2				
53		2				
54		1				
55						
56						
57						
58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						